



Maryland Overdose Response Program Educational Training Program CORE CURRICULUM

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Department of Health & Mental Hygiene
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Program Overview

I. What Is an Opioid?

II. Recognizing an Opioid Overdose

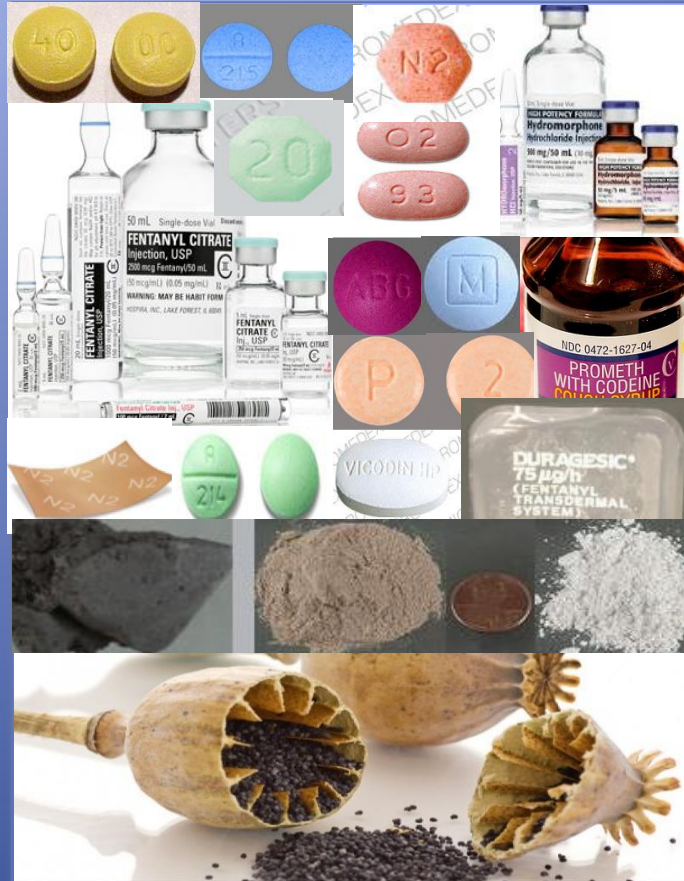
III. Responding to an Opioid Overdose

IV. Important Information for Certificate Holders

V. *[Opt.]* Tips for Preventing Opioid Overdose

VI. *[Opt.]* Suggested Resources for Family Members, Friends & Loved Ones

What Is an Opioid?



Opioids . . .

- Any drugs that contain **opium** (or its derivative)
- Natural or synthetic
- **Prescription** medications or **illegal** drugs
- Pill, capsule, powder or liquid
- Swallowed/drank, smoked, snorted or injected



Opioids . . .



- **Manage pain**, suppress coughs and **treat opioid-use disorders** (addictions)
- Cause **feelings** of euphoria, contentment and/or detachment
- Effects last from **3 to 24 hours**

In excessive amounts, opioids can **suppress** a person's urge to **breathe**.

Oxycodone – 512s, OC,
Oxy, 80s, Oxycotton,
Hillbilly Heroin, Killers, Roxis



OxyContin®

Percocet®

Roxicodone®



Examples of Common Prescription Opioids

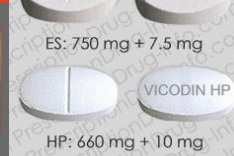
Hydrocodone – Vikes, Hydro, Norco,
Fluff, Scratch, Watson 387



Vicodin®

Lorcet®

Zohydro™ ER



Lortab®

Oxymorphone - Mrs. O, Pink/
Blue Heaven, The O Bomb, Octagons,
Stop Signs



Opana®



Hydromorphone – D, Juice, Dust,
Footballs, Hospital Heroin, H Bomb, Smack



Dilaudid®

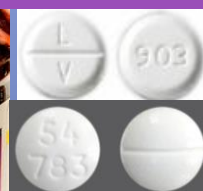


Morphine - M, Miss Emma,
Monkey, White Stuff, Dreamer



Examples of Common Prescription Opioids

Codeine - Captain Cody, Schoolboy,
Pancakes & Syrup, T-3s, Doors & Fours,
Purple Drank



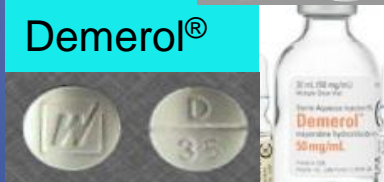
Tylenol® 3 and 4



Meperidine



Demerol®



Methadone - Jungle Juice,
Fizzies, Chocolate Chip Cookies



Buprenorphine — Bupe, Box(es),
Subs/Subbies, Orange guys

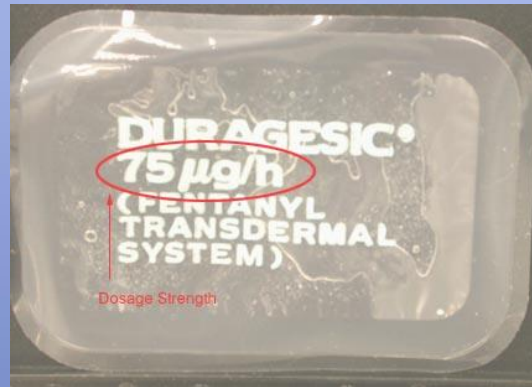


Suboxone®



Subutex®





Prescription Fentanyl



Illegal Opioids: Heroin



Slang terms:



H, Dope, (Hell) dust, Hammer, Smack, Junk, Skag, Horse, Henry, Elephant, Rock, Brown Sugar, Slow, Hero, Black Tar, Poison, Homebake, Thunder, (China) White, Chinese, H, Train, White Dynamite, Dragon



Illegal Opioids: Non-pharmaceutical Fentanyl

- ❖ Illicitly produced, **synthetic** drug
- ❖ **Pill form** packaged to look like oxycodone
- ❖ **Powder form** looks like heroin



Packets of fentanyl-laced heroin

Fentanyl + heroin = deadly combination →
*fentanyl is **hundreds of times more potent** than heroin*

Recognizing an Opioid Overdose

What Is an Opioid Overdose?

- **Opioid overdose** happens when a **toxic amount** of an opioid—alone or mixed with other opioid(s), drugs and/or substances—**overwhelms the body's** ability to handle it.
- Many opioid-related overdoses result from **mixing** prescription painkillers or heroin with benzodiazepines (benzos), cocaine and/or alcohol.

What Leads to Overdose Death?

- **Respiratory failure** – lack of sufficient oxygen in the blood
- Vital organs like the heart and brain start to fail
- Leads to unconsciousness, coma, death

Surviving an opioid overdose =

BREATHING and OXYGEN

Recognizing the Signs & Symptoms of an Opioid Overdose

- Loud snoring or gurgling noises (a/k/a death rattle)
- Body very limp
- Unresponsive
- Skin pale/gray, clammy
- Lips/fingertips turn blue(ish)
- Pulse slow or erratic
- Breathing very slow, shallow, or not at all
- Unconscious

Responding to an Opioid Overdose

- 1. Rouse and Stimulate**
- 2. Call 9-1-1**
- 3. Perform Rescue Breathing**
- 4. Administer (Give) Naloxone**
- 5. Care for the Person until Help Arrives**

Rouse & Stimulate

Noise: Shake person's shoulders and yell:

"[Name!] Are you all right? Wake up!"

Pain: If no answer, do a **sternal rub**:

Make a fist, rub your knuckles firmly up and down the breast bone.

Sternal (Sternum) Rub



Call 9-1-1: Why?

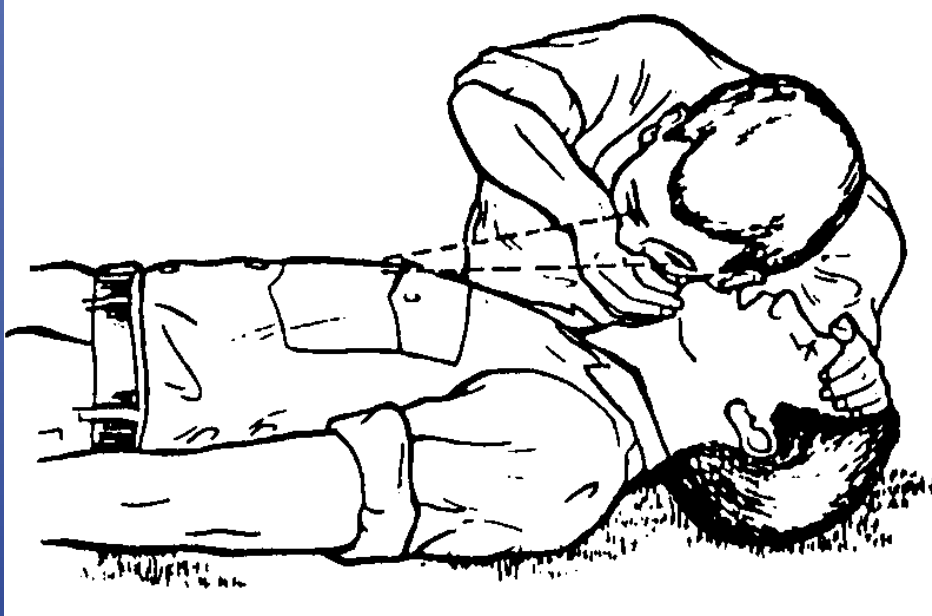
*Get emergency medical help
for someone experiencing an overdose!*

1. May have **complications** or **other health problems**.
2. **Naloxone** is only **temporary**.
3. May need to give **additional doses of naloxone**.
4. May be a **non-opioid overdose** situation.

Call 9-1-1: What to Say

- Tell 9-1-1 operator:
 - ✓ **Where you are**
 - ✓ **What you observe** about the person in distress:
e.g., gurgling noises, turning blue, won't wake up
- Tell emergency responder on site:
 - ✓ **Drugs/substances** the person used
 - ✓ **Naloxone** administered – how much/when.

Assess Breathing



Look,
Listen &
Feel

If shallow or short breaths,
or not breathing →
start rescue breathing right away

Rescue Breathing

- *Rescue breathing is the quickest way to get oxygen into the body and one of the most important things you can do to prevent someone from dying from an opioid overdose.*

Rescue Breathing – Step by Step

Step 1: Lay the person on his/her back on a flat surface.

Step 2: Tilt the chin to open the airway.

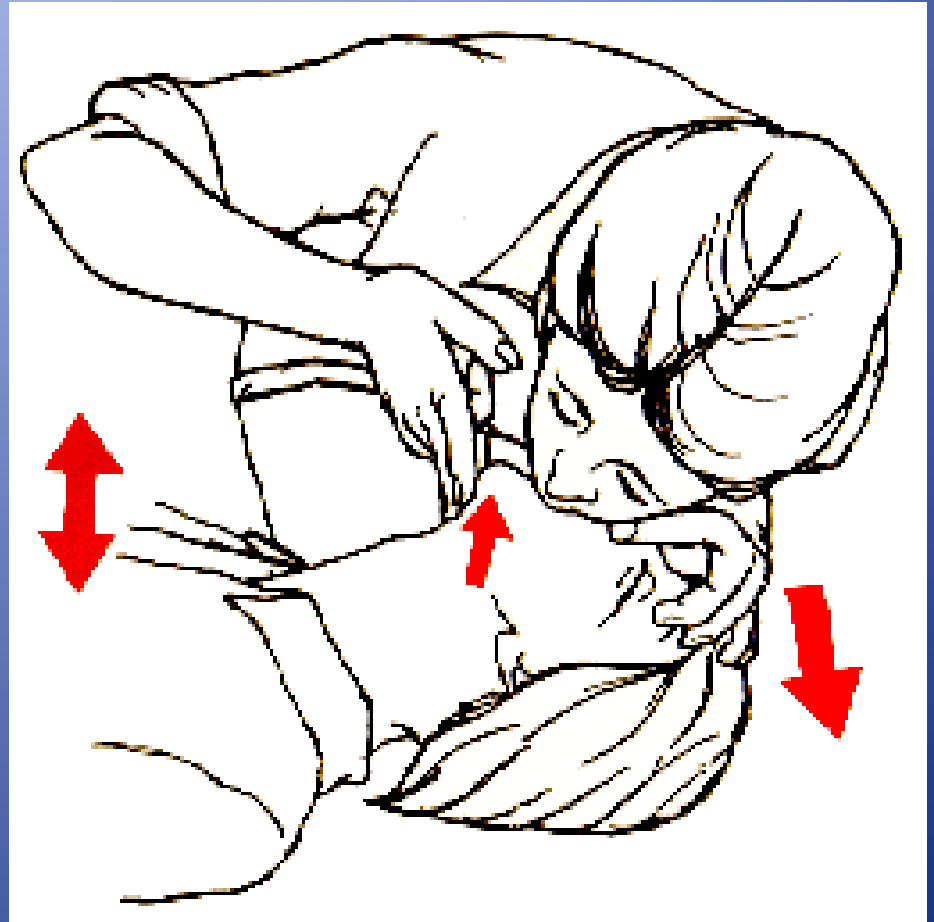
Step 3: Remove anything blocking the airway.



Rescue Breathing – Step by Step

Step 4: Pinch the person's nose closed completely.

Step 5: Cover his/her mouth with your mouth and **blow 2 regular breaths** about 1 second each.



Rescue Breathing – Step by Step

Step 6: Breathe again.
Give **1 breath every 5 seconds.**

Using this technique,
give a few quick breaths
before giving naloxone.

4. Administer (Give) Naloxone

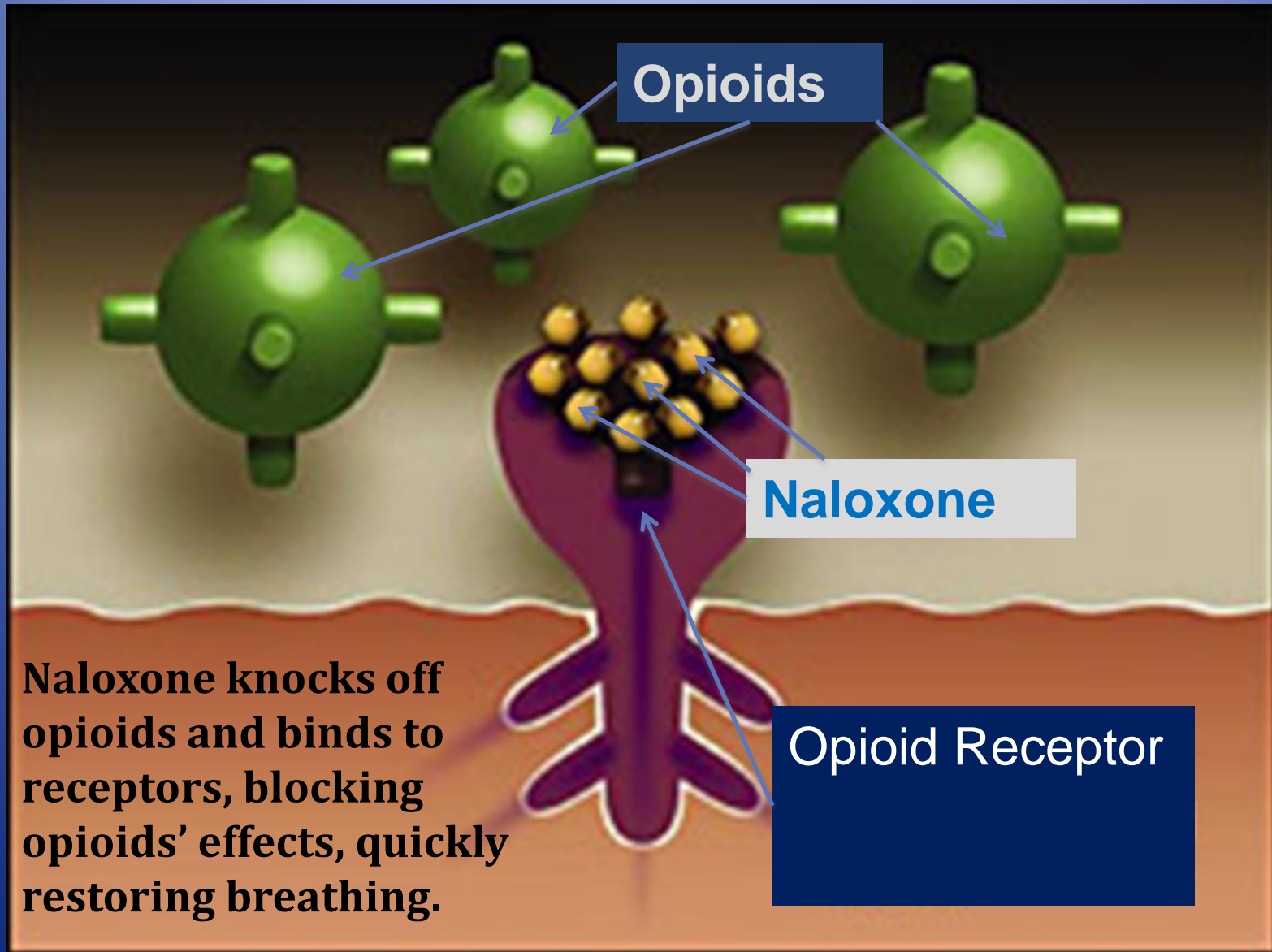


What is Naloxone? (Narcan®)

- Reverses opioid overdose by **restoring breathing**
- No potential for abuse or getting high
- No effect on someone who hasn't taken opioids
- Side effects are minimal and rare
- Safe for children and pregnant women
- Intramuscular, intranasal or intravenous
- Wears off in 30 - 90 minutes

***Naloxone is only effective in reversing
opioid overdoses***

How Does Naloxone Work?



Naloxone Storage & Disposal

Storage:

- Do not attach naloxone to delivery device until ready to use
- Store naloxone in original package at room temperature; avoid exposure to light
- Keep in a safe place away from children & pets, but easy to access in case of emergency

Expiration:

- Naloxone loses its effectiveness over time
- Check expiration date on label

Disposal:

- Check with a local health department or pharmacy about properly disposing of expired naloxone

Intranasal (Nasal) Naloxone



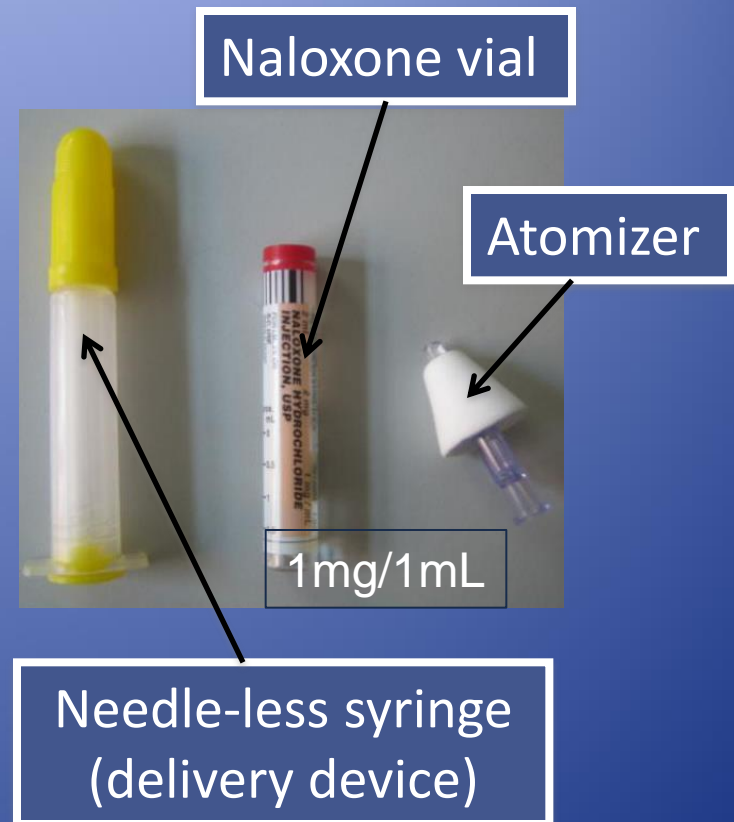
Administering Nasal Naloxone – Step by Step

Step 1: Remove caps from needle-less syringe.

Step 2: Screw nasal atomizer into top of syringe.

Step 3: Remove cap from prefilled vial of naloxone.

Step 3: Gently twist naloxone vial into delivery device until you feel it “catch.”



Administering Nasal Naloxone – Step by Step

Step 5:
Tilt back the head
so the naloxone will
not run out of the
person's nose.



Step 6: Spray one-half (1cc) of
the naloxone up each nostril.

Administering Nasal Naloxone – Step by Step

Step 7: Allow 3-5 minutes for the naloxone to work.
Continue rescue breathing as necessary.

Step 8: If breathing is not restored after 3-5 minutes,
give another dose of naloxone (see **Steps 5 & 6**).
Continue rescue breathing as necessary.

Step 9: Stay with the person and provide care as
directed until medical help arrives.

Intramuscular/Injectable Naloxone



Administering Injectable Naloxone – Step by Step:

Step 1: Pop off the flip-top from naloxone vial.

Step 2: Insert needle into vial and draw up 1cc of naloxone into syringe.

Step 3: Use alcohol wipe to clean injection site – shoulder, thigh or buttocks.

Step 4: Inject needle straight into muscle (through clothes, if necessary), then push in plunger.



Do not inject naloxone into the person's heart, chest or back!

Administering Injectable Naloxone – Step by Step

Step 5: Allow 2-3 minutes for the naloxone to work. Continue rescue breathing as necessary.

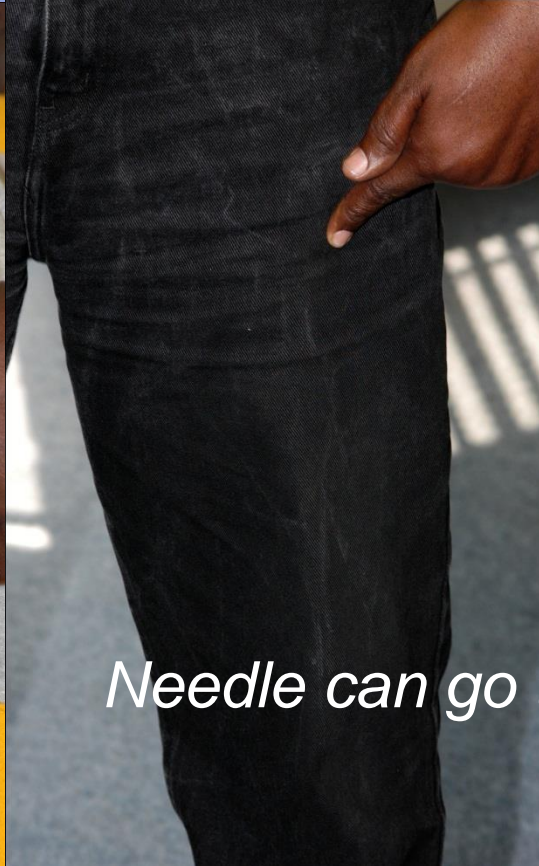
Step 6: If breathing is not restored after 2-3 minutes, *give another dose* of naloxone (see **Steps 1 - 4**). Continue rescue breathing as necessary.

Step 7: Stay with person and provide care as directed until medical help arrives.

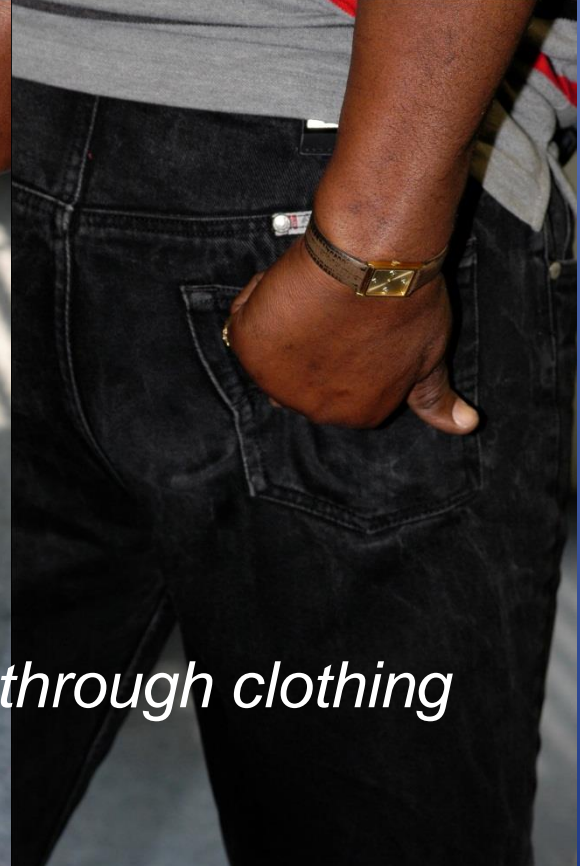
Naloxone Injection Sites



Shoulder



Thigh



Buttocks (upper,
outer quadrant)

Needle can go through clothing

Recovery Position

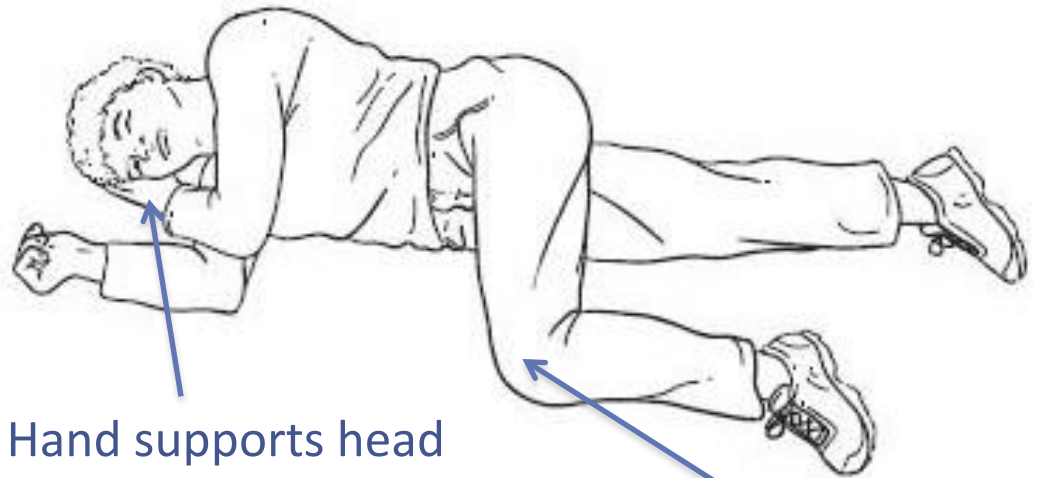
If you have to leave the person—*even briefly*—put him/her into the **recovery position**.

This keeps the **airway clear** and **prevents choking/aspiration** if vomiting occurs.

Recovery Position



Face & body turned to side



Hand supports head

Bent knee supports body

Care for the Person after Giving Naloxone

After receiving naloxone, a person may:

- Feel **physically ill/vomit**.
- **Experience withdrawal** symptoms, which can be unpleasant, but not life-threatening.
- Become **agitated and upset** due to withdrawal symptoms or coming off high.
- Have a **seizure**, though this is rare.

Care for the Person after Giving Naloxone

- Stay with the person until medical help arrives.
- If s/he is unable to sit up, put person in **recovery position**.
- Keep person **calm** and encourage him/her not to take more opioids.
- If overdose re-occurs, give **another dose** of naloxone.

How NOT To Respond to an Opioid Overdose

Anecdotal Remedy

Possible Consequence(s)

Use ice to cool down body	→	Slowed heart rate, arrhythmia
Put person in bath/shower	→	Drowning
Hit/slap or burn fingers/feet	→	Bruising, broken bones, infection, amputation
Give drink/induce vomiting	→	Choking to death
Inject person with cocaine, salt water, milk, epinephrine	→	High blood pressure, infection

If You Administer Naloxone . . .

**Call the
Maryland Poison Center
1-800-222-1222**

Within 1-2 hours

**Or contact the training entity
that issued your certificate.**

Important Information for Certificate Holders

Obtaining a Prescription & Naloxone

- ❑ **Qualified trainees** are entitled to receive a **certificate**.
- ❑ Show your **certificate** to get a **prescription for naloxone** from a physician or nurse practitioner (NP).
 - A certificate \neq a prescription
- ❑ **Naloxone & delivery devices** may be dispensed from:
 - A **pharmacy** that stocks or can order naloxone
 - An authorized **training entity** that dispenses naloxone
 - A qualified **health care provider**, including:
 - A physician or NP in private practice or at local health department
 - A registered nurse (RN) at local health department with approval for nurse dispensing of naloxone.

Certificate Holders – General Responsibilities

- ☐ Certificates are **valid for two years**. Apply for **renewal** no later than **90 days before** your certificate expires.
- ☐ An entity may charge you a **reasonable fee** to **replace** a lost certificate; keep it in a safe place.
- ☐ Administer naloxone in accordance with **training procedures**.
- ☐ Make a **good faith** effort to get emergency **medical help** for the person experiencing an opioid overdose.
- ☐ Please remember to **contact the Poison Center** or training entity after administering naloxone.

DHMH *May* Suspend or Revoke a Certificate If:

- ❑ A certificate holder improperly uses or administers naloxone, or DHMH determines it's necessary in order to protect public health or safety.
 - **What can you do?** *File an appeal or write to DHMH requesting reinstatement of your certificate once you've corrected the problem.*
- ❑ The training entity doesn't meet DHMH requirements or has issued someone an invalid certificate.
 - **What can you do?** *Apply for a valid certificate after completing training at an authorized entity. Ask DHMH for a list of approved entities.*

Opioid Overdose Prevention Tips

- ❖ Keep all medicine in a safe place, such as a locked cabinet. (*Naloxone should be kept readily available.*)
- ❖ Properly dispose of expired or unwanted medications.
- ❖ Take only medicine prescribed for you and only as directed.
- ❖ Never share your prescription drugs with anyone else.
- ❖ If you have breathing problems (e.g. asthma, sleep apnea), check with your doctor before taking opioids.
- ❖ Never mix pain medication with alcohol, benzos, sleeping pills, muscle relaxants, anti-nausea drugs, other opioids or illegal drugs.

Opioid Overdose Prevention Tips

- ❖ If you must use illegal opioids, do not use alone.
 - ❖ Make an **overdose prevention plan** and share it with someone you trust to give you naloxone if needed.
 - ❖ If you have not used opioids in a while, your tolerance will be lower and risk for overdose greater, so use much less than you normally would.
 - ❖ You are also at greater risk for overdose if you have overdosed before.
 - ❖ **Always keep naloxone on hand.**
- ❖ Get treatment for drug dependence or addiction.
 - ❖ Seek professional help if you are depressed.
 - ❖ Call a crisis hotline [*insert #*] or 9-1-1 if you are suicidal.

Suggested Resources for Family, Friends & Loved Ones of Opioid Users

- ❖ *Entities: Use this slide to list information about **local resources** for things such as:*
 - ❖ Self-care
 - ❖ Support groups
 - ❖ Grief/trauma counseling
 - ❖ Advocacy groups for involvement
 - ❖ Treatment & recovery services.
- ❖ Recovering from Opioid Overdose – *Resources for Overdose Survivors & Family Members*, part of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2014 OPIOID OVERDOSE TOOLKIT, available at <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/All-New-Products/SMA14-4742>.

Maryland Overdose Response Program Core Curriculum

**Health-General Article,
Title 13, Subtitle 31,
Annotated Code of Maryland
Sections 13-3101 – 3109**

**Code of Maryland Regulations,
Title 10, Subtitle 17, Chapter 08,
Regulations .01-.11**